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Commentary on Bhattacharya et al (2018): reliance of the alcohol industry on heavy drinkers makes case against industry involvement in alcohol policy

Sadie Boniface[1]

[1]Addictions Department, Institute of Psychiatry, Psychology & Neuroscience, King's College London

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Concise statement*: Bhattacharya and colleagues show that the alcohol industry is hugely reliant on drinkers above guideline levels for revenue, highlighting the fundamental conflict of interest in allowing industry to self-regulate or be involved in health policymaking.*

Bhattacharya and colleagues present the first study estimating the monetary value of drinking above guideline levels in England (1) with an innovative use and linkage of existing data. With a headline finding that the quarter of the adult population who drink above guideline levels consumes 78% of all the alcohol sold and generates 68% of the drinks industry's revenue (1), this study provides a pithy account of just how reliant the alcohol industry is on heavy drinking.

At first glance it might seem obvious or tautological to read that the drinks industry profits from heavy drinkers. Indeed, some of the findings hint at the 80/20 rule (Pareto principle), most notably that 81% of the alcohol industry's off-trade revenue (retailers, supermarkets etc) is generated by the 25% of the population drinking above guideline levels (1). But importantly, this study quantifies precisely how much heavy drinking benefits the alcohol industry, by sector, and estimates how much revenue the industry would stand to lose if consumption were to fall to guideline levels. If consumption fell to within guideline levels overnight, the on-trade (restaurants, pubs etc) would lose a third of it's revenue and the off-trade would lose almost half (1).

As Bhattacharya and colleagues indicate, taken together these findings provide a strong case against the alcohol industry's involvement in policymaking and bring into question the appropriateness of industry self-regulation (e.g. Portman Code). The alcohol industry is dominated by a small number of very large powerful companies. A recent article in this journal has shown that the alcohol industry has extensive and strategic involvement in policymaking (2). Voluntary initiatives like the Public Health Responsibility Deal which was in effect from 2010-15 are favoured by the industry (3) but sadly do not have a good track record of reducing alcohol consumption (4). Other policies where there is scientific evidence that alcohol consumption and harm will be reduced such as minimum unit pricing (5) have been opposed by the alcohol industry. All of this indicates the problems this conflict of interest brings in involving the alcohol industry in policymaking in relation to health and alcohol harm.

Bhattacharya and colleagues provide some suggestions for future research including a thought-provoking suggestion to explore Government tax revenue from harmful drinking (1), which could be compared against the health and social costs incurred due to alcohol. But perhaps their methods could be replicated to examine this conflict of interest in other compelling ways. As a thought experiment, could the alcohol industry revenue generated by underage drinkers be calculated for England? There may be methodological challenges in doing this, for example purchasing data may be lacking for adolescents, but this would be a valuable extension of work elsewhere on revenue from adolescent drinking (6,7) (cited in the present study) that could take account of prices paid by different population groups and types of drinker.

Another example would be to examine the alcohol industry's revenue from dependent drinkers, or other vulnerable population groups. Again there would be challenges - for example dependent drinkers are known to be under-represented in general population survey data and are likely to under-report their consumption - but these kinds of study highlighting how the industry is reliant on these particular groups would add persuasively to the evidence base around alcohol industry involvement in regulation and policymaking.

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